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U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. 09/445917 Application Number CHANGE OF RECEIMED CORRESPONDENCE ADDRESS 07/17/2000 Filing Date CENTRAL FAX CENTER Application Nancy M. Greene First Named Inventor <del>JUN-2-0-1</del>2005 2681 Address to: Art Unit Commissioner for Patents **Examiner Name** P.O. Box 1450 Alexandria, VA 22313-1450 920476-904745 Attorney Docket Number Please change the Correspondence Address for the above-identified patent application to: The address associated with  $\checkmark$ Customer Number: 23644 OR Firm or Individual Name Address City State Country Telephone **Email** This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124)). I am the: Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). 1 Attorney or agent of record. Registration Number 26,935 Registered practitioner named in the application transmittel letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number\_ Signature Typed or Printed William M. Lee, Jr. Name Telephone Date June 20, 2005 (312) 214-4800 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below Total of 1 \_forms are submitted.

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